

Mr. Shabbir Hussain

Churchview Dental Practice

Inspection Report

63 Thorne Road
Doncaster
DN1 2EX
Tel: 01302 342814

01302 368095
Website: info@churchviewdentalpractice.co.uk

Date of inspection visit: 4 February 2020
Date of publication: 09/03/2020

Overall summary

We carried out this announced inspection on 4 February 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Churchview Dental Practice is in Doncaster and provides private dental care and treatment for adults and children. The practice also holds a small NHS children's contract.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, two dental nurses, one dental hygiene therapist and two receptionists. The team is supported by the practice manager. The practice is visited on an ad-hoc basis by an implantologist and an implant trained dental nurse. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 28 CQC comment cards filled in by patients. All comments reflected positively on the service provided.

During the inspection we spoke with the principal dentist, two dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday 8:30am – 5:30pm.

Wednesday 8:30am – 12pm.

Friday 8:30am – 5pm.

Our key findings were:

- The practice appeared to be visibly clean, tidy and well-maintained.
- Improvement was needed to ensure infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies. Not all medicines and life-saving equipment were available.
- Improvement was needed to managing risk to patients and staff, for example, safer sharps, risk assessment, NHS prescription management and response to patient safety alerts.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation in most aspects. Disclosure and Barring Service checks were not risk assessed where appropriate.
- Improvements could be made to ensure induction processes were in place for visiting staff.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership and oversight of systems and processes could be improved.
- The provider had systems to ensure continuous improvement; improvements could be made in this area.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.






There were areas where the provider could make improvements. They should:

- Take action to ensure sepsis awareness information and prompts for staff were visible to ensure early recognition, diagnosis and early management of sepsis.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Requirements notice	

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice's infection prevention and control procedures were not followed in line with guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. In particular:

- The data loggers were not downloaded regularly to confirm the correct function of the sterilisers in use.
- No log of time, temperature and pressure was being recorded in respect to the autoclave working cycle.
- A small handled brush was used to remove debris from dental instruments giving insufficient protection from sharps injury.
- Single use dental burs were being re-used. (A dental bur is a specialised drill bit used in dentistry).
- No system was in place to ensure heavy duty gloves were changed weekly in line with published guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The most recent audit had not identified the processes we found were not in line with published guidance.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for temporary, visiting and locum staff. We looked at four staff recruitment records and noted an area where improvement could be made. In particular:

- Disclosure and Barring Service certificates for one temporary staff member and two visiting staff members were used from another employer and these were more than three months old at the point of application. No risk assessment was in place to mitigate this.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including portable electrical and gas appliances. At the time of inspection, the provider was

Are services safe?

unable to demonstrate the fixed wiring electrical safety of the practice. The provider confirmed the fixed wiring electrical safety check would take place within the next two weeks.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff had completed fire awareness and fire marshal training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. We identified areas within risk management where improvements could be made. For example:

- Staff told us the clinicians were responsible for handling and disposal of all sharps. A risk assessment was in place and identified all sharps in use but did not reflect responsibility for handling and disposal. The provider did not use a safer sharps system, this was not reflected in the risk assessment.
- Except for one staff member systems were in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. One staff member was a low responder to the vaccination, they were aware of this, but no risk mitigation was in place.

Records sent to us after the inspection showed the person with a previously low response was now adequately protected.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information were available but not displayed throughout the practice. We discussed this with the provider who assured us this would be addressed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The system to ensure emergency medicines and equipment reflected guidance was not effective. All emergency medicines were available as described in recognised guidance. Not all emergency equipment was available. In particular:

- Clear face masks sizes 0 and 1 were not present.
- No child sized oxygen face mask.

The provider ordered the missing equipment on the day of inspection, evidence was seen to confirm this.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentist and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted some of the risk assessments had not included the first aid measures required in an emergency. The provider assured us this would be completed without delay.

The practice occasionally used locum and temporary visiting staff. We observed that these staff did not receive an induction to ensure they were familiar with the practice's procedures. The provider assured us this would be addressed without delay.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions securely, but these were pre-stamped with the practice address. No system was in place to monitor prescription use. This process is not in line with current guidance. Pre-stamped prescription pads were removed from use immediately.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider could not demonstrate an effective system for receiving and acting on patient safety alerts. The provider told us they received patient safety alerts by email and would disseminate relevant information throughout the team. A record of action taken was not kept to support this. Staff were aware of the most recent patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the guidance from the National Institute for Health Care Excellence and the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or power of attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, all staff had completed the recommended training required to support their role and the dental nurses had completed post registration training in dental radiography, fluoride application and impression taking; all of which were utilised at the practice.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, attentive and nurturing. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. The practice had received many letters and cards from their patients, all of which offered a thank you to the practice for the way they had received treatment.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders and patient survey results were available for patients to read. Patient survey results were positive in all respects.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, X-ray images and had the use of an intra-oral camera to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found this practice was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

28 cards were completed, giving a patient response rate of 56%

All views expressed by patients were positive.

Common themes within the positive feedback were excellent care and attention to their needs, friendly and professional staff, and flexibility of appointment times for nervous patients.

We shared these themes with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, nervous patients or patients with limited mobility would be accommodated during extended appointments to help them relax and settle prior to the commencement of treatment. The provider told us they have also opened the practice out of normal working hours to accommodate a patient in pain who could not attend during the working day.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, ground floor treatment rooms and a portable ramp was available to assist patients to access the toilet which was a single step lower than the waiting area.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The provider had plans to refurbish the toilet area to ensure it was easily accessible to all patients.

Staff used a text message and e-mail appointment reminder service and would telephone patients if they preferred.

The provider described how they regularly offer their dental services to their local mosque when they have a general health and wellness day, by providing oral health advice and carrying out examinations.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the 111 out of hours service for their NHS patients and provided a direct on-call service for their private patients.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The current practice information leaflet did not detail how to make a complaint. We discussed this with the practice manager who assured us this would be addressed.

Are services responsive to people's needs?

(for example, to feedback?)

The principal dentist and the practice manager were responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

They aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The principal dentist was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the principal dentist had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Most patients at the practice were long standing, some had been patients for several decades and had encouraged their own children to become patients. This combined with long standing staff members supported the patient focus of the practice.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Records showed two recent complaints were dealt with in line with the practice policy. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist and the practice manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, most of which were reviewed on a regular basis.

We saw there were processes for managing areas of risks, issues and performance. During the inspection day we identified areas of risk management where improvements could be made. These areas were discussed with the provider and practice manager during the inspection day. They responded positively and proactively to our finding and where possible made adjustments on the inspection day.

We identified the following areas where oversight of systems and processes was not effective:

- Some aspects of infection prevention and control systems were not in line with recommended guidance.
- Checks carried out by staff had not identified that some of the equipment held in the medical emergency kit was not in line with recommended guidance.
- Safe sharps systems had not been effectively risk assessed to identify where risks could be mitigated in line with current regulations.
- NHS prescriptions usage was not in line with current guidance.
- No system was in place to confirm the practice's response to patient safety alerts.
- No system was in place to ensure a risk assessment was undertaken to mitigate role specific risks in respect to a low response to the Hepatitis B vaccination.
- No system was in place to ensure a risk assessment was undertaken in respect to accepting a Disclosure and Barring Service check from a previous employer for visiting, locum and temporary staff.
- There was no system in place to ensure visiting and locum staff were safely inducted.

Are services well-led?

- Oversight of and learning for continuous improvement in respect to the infection prevention and control audit was not effective.
- The provider was unable to demonstrate the fixed wiring electrical safety of the practice.
- Risk assessments in respect to the Control of Substances Hazardous to Health Regulations 2002, did not include first aid measures.

The provider sent supporting evidence after the inspection to demonstrate where action had been taken to address these concerns. These areas now require embedding and will be reviewed at the follow up inspection.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example:

The provider used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. A patient had requested a changing facility for children, the practice responded by offering a private room to their patients.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted the infection prevention and control audit had not highlighted the areas we found where improvement was needed.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the provider supported the team financially with dentally related external training and training to enhance their skill set.

Staff completed 'highly recommended' training as per General Dental Council professional standards.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met:</p> <p>There were ineffective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Some aspects of infection prevention and control systems were not in line with recommended guidance.• The system to ensure equipment held in the medical emergency kit reflected recommended guidance was not effective.• Safe sharps systems had not been effectively risk assessed to identify where risks could be mitigated in line with current regulations.• NHS prescriptions usage was not in line with current guidance.• No system was in place to confirm the practice's response to patient safety alerts.• No system was in place to ensure a risk assessment was undertaken to mitigate role specific risks in respect to a low response to the Hepatitis B vaccination.

Requirement notices

- No system was in place to ensure a risk assessment was undertaken in respect to accepting a DBS from a previous employer for visiting, locum and temporary staff.
- There was no system in place to ensure visiting and locum staff were inducted.
- The provider was unable to demonstrate the fixed wiring electrical safety of the practice.
- Risk assessments in respect to the Control of Substances Hazardous to Health Regulations 2002, did not include first aid measures.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Oversight of and learning for continuous improvement in respect to the infection prevention and control audit was not effective.

Regulation 17(1)